



CONFIDENTIAL

Clinton First Aid & Rescue Squad,
Inc.
P.O. Box 5265
Clinton, NJ 08809

Enclosed are the original and one copy of the 2018 Exempt Organization Returns, as follows...

Return of Organization Exempt From Income Tax (Form 990)
New Jersey CRI 300R

Each original should be dated, signed and filed in accordance with the filing instructions.
The copy should be retained for your files.

Sincerely,

BKC, CPAs, PC

Filing Instructions

Clinton First Aid & Rescue Squad, Inc.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2018

Date Due: November 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 12/31/18 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

BKC, CPAs, PC
114 Broad St
Flemington, NJ 08822

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20 _____

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**CLINTON FIRST AID & RESCUE SQUAD,
INC.**

Employer identification number

23-7000760

Name and title of officer

**SHARON BURHAM
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	2,154,260
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BKC, CPAS, PC** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **07/10/19**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

20962012456

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

Date } **07/10/19**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CLINTON FIRST AID & RESCUE SQUAD, INC. Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 5265 City or town, state or province, country, and ZIP or foreign postal code CLINTON NJ 08809	D Employer identification number 23-7000760 E Telephone number 908-735-4012 G Gross receipts \$ 2,164,464
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F Name and address of principal officer: SHARON BURHAM P.O. BOX 5265 CLINTON NJ 08809	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.CLINTONEMS.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1968** **M** State of legal domicile: **NJ**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES EMERGENCY MEDICAL CARE AND TRANSPORTATION TO THE TOWN OF CLINTON, CLINTON TOWNSHIP AND NEIGHBORING COMMUNITITES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 67
	6 Total number of volunteers (estimate if necessary)	6 94
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
	b Net unrelated business taxable income from Form 990-T, line 38	7b 0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	315,511	483,988
	9 Program service revenue (Part VIII, line 2g)	1,334,761	1,657,464
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	267,141	68
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,658	12,740
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,972,071	2,154,260

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	605,097	811,240
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,336	0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,207,043	1,342,778
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,822,476	2,154,018
	19 Revenue less expenses. Subtract line 18 from line 12	149,595	242

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,869,410	3,481,895
	21 Total liabilities (Part X, line 26)	820,938	1,433,181
	22 Net assets or fund balances. Subtract line 21 from line 20	2,048,472	2,048,714

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SHARON BURHAM Type or print name and title	Date PRESIDENT
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Paid Preparer Use Only	Print/Type preparer's name JOSEPH M. CARDUCCI, CPA	Preparer's signature _____	Date _____	Check <input type="checkbox"/> if self-employed	PTIN P00626953
	Firm's name } BKC, CPAS, PC 114 BROAD ST Firm's address } FLEMINGTON, NJ 08822	Firm's EIN } 22-3299874	Phone no. 908-782-7900		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE ORGANIZATION PROVIDES EMERGENCY MEDICAL CARE AND TRANSPORTATION TO THE TOWN OF CLINTON, CLINTON TOWNSHIP AND NEIGHBORING COMMUNITITES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,109,724** including grants of \$) (Revenue \$ **1,657,461**)

THE ORGANIZATION PROVIDES EMERGENCY MEDICAL CAR AND TRANSPORTATION FOR THE TOWN OF CLINTON AND CLINTON TOWNSHIP.

Client Copy

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 2,109,724**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	67
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

KIM SETNICKY PO BOX 5265
CLINTON

NJ 08809

908-735-4012

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD BUCHANAN DEPUTY CHIEF OF EMS	40.00 0.00	X		X				88,019	0	0
(2) MICHELLE GARDNER FIELD TRAINING OFFICER	40.00 0.00	X		X				61,448	0	0
(3) EVAN HOLTZ EMS LIEUTENANT	0.00 0.00	X		X				44,076	0	0
(4) MATTHEW STIFF DEPUTY CHIEF	0.00 0.00	X		X				462	0	0
(5) SHARON BURHAM PRESIDENT	0.00 0.00	X		X				0	0	0
(6) KIM SETNICKY VICE PRESIDENT	0.00 0.00	X		X				0	0	0
(7) EMILY STIFF TREASURER	0.00 0.00	X		X				0	0	0
(8) ALEXIS SETNICKY SECRETARY	0.00 0.00	X		X				0	0	0
(9) FRANK SETNICKY CHIEF	0.00 0.00	X		X				0	0	0
(10) CHRIS MILLER DEPUTY CHIEF	0.00 0.00	X		X				0	0	0
(11) JOSEPH OLIVO EMS LT	0.00 0.00	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CHRIS QUERRY	0.00									
RESCUE CAPTAIN	0.00	X		X			0	0	0	
(13) MIKE LAPCZYNSKI	0.00									
EMS LIEUTENANT	0.00	X		X			0	0	0	
1b Sub-total u							194,005			
c Total from continuation sheets to Part VII, Section A u										
d Total (add lines 1b and 1c) u							194,005			

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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	59,158			
	d Related organizations	1d				
	e Government grants (contributions)	1e	384,561			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	40,269			
	g Noncash contributions included in lines 1a-1f: \$		8,000			
	h Total. Add lines 1a-1f	u	483,988			
	Program Service Revenue	2a BILLING INCOME	Busn. Code	1,565,389	1,565,389	
b TRAINING			92,075	92,075		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	1,657,464			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	68		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ 59,158 of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b	10,204			
	c Net income or (loss) from fundraising events	u	-10,204			-10,204
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS			22,944	22,944		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		22,944			
12 Total revenue. See instructions.	u		2,154,260	1,680,408	0	-10,136

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,467	149,467		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	558,575	558,575		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	26,064	26,064		
10 Payroll taxes	77,134	77,134		
11 Fees for services (non-employees):				
a Management				
b Legal	4,322		4,322	
c Accounting	85,171	61,737	23,434	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	714	714		
13 Office expenses	22,869	6,331	16,538	
14 Information technology				
15 Royalties				
16 Occupancy	72,262	72,262		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	83,685	83,685		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	279,484	279,484		
23 Insurance	62,720	62,720		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	395,239	395,239		
b REPAIRS AND MAINTENANCE	184,153	184,153		
c FUEL	35,424	35,424		
d MISCELLANEOUS	29,914	29,914		
e All other expenses	86,821	86,821		
25 Total functional expenses. Add lines 1 through 24e	2,154,018	2,109,724	44,294	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	39,688	1	80,622
	2	Savings and temporary cash investments	262,096	2	90,095
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	241,569	4	477,741
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	28,450	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,429	9	10,014
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,786,234		
	b	Less: accumulated depreciation	10b 3,062,383	10c	2,723,851
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	299,572	15	99,572
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,869,410	16	3,481,895	
Liabilities	17	Accounts payable and accrued expenses	64,823	17	32,058
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	748,079	23	1,401,123
	24	Unsecured notes and loans payable to unrelated third parties	8,036	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	820,938	26	1,433,181
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,048,472	27	2,048,714
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,048,472	33	2,048,714	
34	Total liabilities and net assets/fund balances	2,869,410	34	3,481,895	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,154,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,154,018
3	Revenue less expenses. Subtract line 2 from line 1	3	242
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,048,472
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,048,714

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization CLINTON FIRST AID & RESCUE SQUAD, INC.	Employer identification number 23-7000760
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,249,630	1,283,760	1,982,068	1,704,930	483,988	6,704,376
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,249,630	1,283,760	1,982,068	1,704,930	483,988	6,704,376
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						6,704,376

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,249,630	1,283,760	1,982,068	1,704,930	483,988	6,704,376
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	110	108	158	141	68	585
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						6,704,961

12 Gross receipts from related activities, etc. (see instructions) 12 1,680,408

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.99%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.98%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Name of the organization

**CLINTON FIRST AID & RESCUE SQUAD,
INC.**

Employer identification number

23-7000760

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

CLINTON FIRST AID & RESCUE SQUAD,

Employer identification number

23-7000760

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOROUGH OF LEBANON 6 HIGH STREET LEBANON NJ 08833	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TOWNSHIP OF CLINTON 1225 ROUTE 31 SUITE 411 LEBANON NJ 08833	\$ 81,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNION TOWNSHIP 140 PERRYVILLE ROAD HAMPTON NJ 08827	\$ 13,166	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TOWN OF CLINTON 43 LEIGH STREET CLINTON NJ 08809	\$ 52,530	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

CLINTON FIRST AID & RESCUE SQUAD, INC.

Employer identification number

23-7000760

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,390,234	1,073,409	1,316,825
c Leasehold improvements				
d Equipment		3,328,270	1,921,244	1,407,026
e Other		67,730	67,730	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **2,723,851**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1-9.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1-9.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,164,464
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10,204	
e	Add lines 2a through 2d	2e		10,204
3	Subtract line 2e from line 1	3		2,154,260
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,154,260

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,164,222
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	10,204	
e	Add lines 2a through 2d	2e		10,204
3	Subtract line 2e from line 1	3		2,154,018
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		2,154,018

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAIN INCOME TAX PROVISIONS, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT, FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT, THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ 10,204

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ **10,204**

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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

⚡ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

⚡ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**CLINTON FIRST AID & RESCUE SQUAD,
INC.**

Employer identification number

23-7000760

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....
.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FUND DRIVE INCO (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	59,158		59,158	
	2	Less: Contributions	59,158		59,158	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	10,204		10,204	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				10,204
	11	Net income summary. Subtract line 10 from line 3, column (d)				-10,204

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization CLINTON FIRST AID & RESCUE SQUAD, INC.	Employer identification number 23-7000760
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FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ALEXIS SETNICKY

FRANK SETNICKY

SECRETARY

CHIEF

FATHER AND DAUGHTER

FRANK SETNICKY

KIM SETNICKY

CHIEF

VICE PRESIDE

HUSBAND AND WIFE

EMILIY STIFF

MATTHEW STIFF

TREASUER

MEMBER

HUSBAND AND WIFE

KIM SETNICKY

ALEXIS SETNICKY

VICE PRESIDE

SECRETARY

MOTHER DAUGHTER

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

**MEMBERSHIP IS OPEN TO THE PUBLIC; ALL MEMBERS MUST COMPLETE THE REQUIRED
TRAINING TO BE COME A MEMBER.**

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ALL OFFICERS ARE ELECTED EVERY OTHER YEAR (2-YEAR TERMS).

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

Name of the organization

Employer identification number

CLINTON FIRST AID & RESCUE SQUAD,

23-7000760

MONTHLY MEMBERSHIP MEETINGS ARE HELD; ALL EXPENSES ARE APPROVED AT THE MEETINGS. ALL NEW POLICIES ARE REVIEWED AND APPROVED BY THE EXECUTIVE BOARD.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE EXECUTIVE BOARD BEFORE IT IS SIGNED AND MAILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL DOCUMENTS ARE AVAIABLE FOR REVIEW UPON WRITTEN REQUEST TO THE EXECUTIVE BOARD.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES	\$	10,204
FUNDRAISING EXPENSES	\$	-10,204

Client Copy

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **CLINTON FIRST AID & RESCUE SQUAD, INC.**

Identifying number
23-7000760

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	178,815

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	100,669
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	279,484
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Year Ended: December 31, 2018

23-7000760

Clinton First Aid & Rescue Squad,
Inc.
P.O. Box 5265
Clinton, NJ 08809

**Electing out of Bonus Depreciation Allowance
for 5-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 5-year depreciable property placed in service during the tax year.

Year Ended: December 31, 2018

23-7000760

Clinton First Aid & Rescue Squad,
Inc.
P.O. Box 5265
Clinton, NJ 08809

**Electing out of Bonus Depreciation Allowance
for 10-Year Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible 10-year depreciable property placed in service during the tax year.

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
75	Rescue Jumpsuits	4/17/06	3,497				3,497	5	HY S/L	3,497	0
76	31 Rescue coats	8/06/06	11,193				11,193	5	HY S/L	11,193	0
77	Rescue Jackets	11/26/06	12,018				12,018	5	HY S/L	12,018	0
78	GPS Radios	4/17/06	1,166				1,166	3	HY S/L	1,166	0
79	RADIOS	1/15/06	1,027				1,027	3	HY S/L	1,027	0
80	2006 FORD RESCUE TRUCK	9/25/06	156,812				156,812	5	HY S/L	156,812	0
81	Rescue jackets	1/04/07	3,005				3,005	5	HY S/L	3,005	0
82	extricating gear	3/27/07	1,015				1,015	5	HY S/L	1,015	0
83	helMETS	7/17/07	1,400				1,400	5	HY S/L	1,400	0
84	boots	8/12/07	1,058				1,058	5	HY S/L	1,058	0
85	water team gear	12/27/07	1,061				1,061	5	HY S/L	1,061	0
86	Honda gas pump, cutter & spreader	5/18/07	19,938				19,938	5	HY S/L	19,938	0
87	3 dell computers	6/30/07	4,396				4,396	3	HY S/L	4,396	0
88	3 Cots	5/05/07	10,425				10,425	5	HY S/L	10,425	0
89	Radios/PAGERS/CHARGES	6/30/07	5,414				5,414	3	HY S/L	5,414	0
91	Loading System	1/04/08	1,325			X	662	5	HY S/L	1,325	0
92	4 Radio Pagers	11/12/08	1,718			X	859	3	HY S/L	1,718	0
93	Samsung TV	12/12/08	2,100			X	1,050	7	HY S/L	2,100	0
94	Water Softner/Heater	1/22/08	6,700			X	3,350	7	HY S/L	6,700	0
95	DELL COMPUTER	10/05/09	1,301			X	650	3	HY S/L	1,301	0
96	DELL SERVER	11/28/09	2,616			X	1,308	3	HY S/L	2,616	0
97	RADIOS	3/31/09	3,046			X	1,523	3	HY S/L	3,046	0
98	SAW K-12	12/29/09	1,270			X	635	3	HY S/L	1,270	0
99	RESCUE BOAT	9/29/09	24,130			X	12,065	5	HY S/L	24,130	0
100	2009 FORD E-450 MEDALLION AMBUL	6/01/09	148,761			X	74,380	5	HY S/L	148,761	0
101	rADIOS	6/09/09	2,112			X	1,056	3	HY S/L	2,112	0
102	VITALISM - CONTROLL UNIT	12/08/09	2,075			X	1,037	3	HY S/L	2,075	0
103	Replacement Chassis	9/22/10	94,185			X	0	5	HY S/L	94,185	0
104	Laerdal ALS Simulator	2/10/10	9,595			X	4,797	3	HY S/L	9,595	0
105	6 2 way radios	3/02/10	2,754			X	1,377	3	HY S/L	2,754	0
106	5 ALERT PAGERS	7/27/10	2,060			X	1,030	3	HY S/L	2,060	0
107	5 PAGERS	9/27/10	2,585			X	0	3	HY S/L	2,585	0
108	4 TURN OUT GEAR	9/27/10	5,743			X	0	3	HY S/L	5,743	0
109	RESCUE CUTTER TOOLS	12/31/10	16,765			X	0	5	HY S/L	16,765	0
110	New Carpet	12/16/11	19,580			X	3,597	7	HY S/L	15,983	514
111	Mobile Computer for Truck	9/29/11	2,160			X	0	3	HY S/L	2,160	0
112	New Furnace	1/14/11	1,474			X	269	7	HY S/L	1,205	38
113	Ice suits	2/14/11	2,550			X	0	5	HY S/L	2,550	0
114	Rescue equipment	12/23/11	4,631			X	0	5	HY S/L	4,631	0
115	rescue Sled	3/29/11	2,282			X	0	5	HY S/L	2,282	0
116	Truck	6/14/11	58,147			X	0	5	HY S/L	58,147	0
117	PAGER	1/06/12	2,585			X	1,292	3	HY S/L	2,585	0
118	NEW FURNACE	2/01/12	3,600			X	1,800	7	HY S/L	2,570	257
119	REHAB TRUCK-DONATION	9/01/12	73,604			X	36,802	5	HY S/L	73,604	0
120	NEW AMBULANCE TRUCK	3/18/13	154,380			X	77,190	5	HY S/L	126,843	15,438
121	NEW SERVER	1/03/13	2,038			X	1,019	5	HY S/L	1,632	204
122	TRAILER	9/26/14	2,200			X	1,100	5	HY S/L	1,320	220
123	TRUCK ASAP-DONATION	6/10/14	60,221			X	30,110	5	HY S/L	36,132	6,022
124	equiPMENT	9/09/14	4,886			X	2,443	5	HY S/L	2,932	488
125	RESCUE EQUIPMENT	5/07/14	5,172			X	2,586	5	HY S/L	3,102	518
126	Leasehold Improvements	9/27/15	12,835			X	8,840	7	MQ S/L	3,995	1,263
127	Cameras cap lease	11/04/15	28,703			X	20,649	7	MQ S/L	8,054	2,950
128	Lucas CPR- cap lease	2/20/15	11,368			X	7,134	7	MQ S/L	4,234	1,019
129	Leasehold Improvements	10/06/16	72,044			X	66,681	15	MQ S/L	5,363	4,445
130	Floor Sweeper	10/31/16	5,940			X	4,633	5	MQ S/L	1,307	927
131	Tahoe Truck	8/19/16	79,447			X	58,790	5	MQ S/L	20,657	11,758
132	2017 Ford E-450 Ambulance	12/06/16	206,892			X	161,376	5	MQ S/L	45,516	32,275
133	Rescue Equipment	3/24/17	28,762			X	28,762	5	MQ S/L	5,033	5,753
134	Coats & Pants	6/26/17	12,644			X	12,644	5	MQ S/L	1,581	2,528
135	Harness and Grip	10/01/17	6,322			X	6,322	5	MQ S/L	158	1,264
136	Struts	3/24/17	5,550			X	5,550	5	MQ S/L	971	1,110
138	1997 Rescue 455	11/08/17	68,000			X	68,000	7	MQ S/L	1,214	9,715
139	Lucas CPR cap lease	2/17/17	13,739			X	13,739	7	MQ S/L	1,717	1,963
			<u>1,516,022</u>				<u>960,532</u>			<u>1,001,744</u>	<u>100,669</u>

Other Depreciation:

1	TRAILER	12/03/97	4,103				4,103	5	MO S/L	4,103	0
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
2	BOSTON WHALER	11/07/97	5,300				5,300	5	MO S/L	5,300	0
3	SOFTWARE	8/04/98	2,375				2,375	3	MO S/L	2,375	0
4	CAMERA ID PHOTO KIT	12/14/98	1,146				1,146	5	MO S/L	1,146	0
5	SCUBA AIR PACKS	3/01/98	1,538				1,538	5	MO S/L	1,538	0
6	EQUIPMENT	3/10/98	3,933				3,933	5	MO S/L	3,933	0
7	OUTLETS & WIRING	10/03/98	1,522				1,522	5	MO S/L	1,522	0
8	MOBILE FILL	12/03/98	9,387				9,387	5	MO S/L	9,387	0
9	FIRE EQUIPMENT	12/03/98	6,036				6,036	5	MO S/L	6,036	0
10	EQUIPMENT - FULLY DEPRECIATED	1/01/94	154,648				154,648	5	MO S/L	154,648	0
11	COMMAND CENTER	7/11/94	873				873	5	MO S/L	873	0
12	FORD EXCURSION	11/18/99	55,000				55,000	5	MO S/L	55,000	0
13	VEHICLES - FULLY DEPRECIATED	1/01/94	267,332				267,332	5	MO S/L	267,332	0
14	(3) LP 500'S LIFE PAK DEFIBRILLATOR	3/31/01	4,893				4,893	5	MO S/L	4,893	0
15	(2) LIFE PAK 500 DEFIBRILLATORS	12/31/01	5,000				5,000	5	MO S/L	5,000	0
16	AIR CONDITIONER	6/30/01	4,249				4,249	5	MO S/L	4,249	0
17	(4) MINITOR PAGERS	5/21/01	8,604				8,604	5	MO S/L	8,604	0
18	MINI-TELESCOPIC RAMS	12/01/01	11,938				11,938	5	MO S/L	11,938	0
19	LP 500 EN LIFEPAK	11/29/02	5,049				5,049	5	MO S/L	5,049	0
20	MOTOROLA HT 1250'S (3)	4/17/02	2,025				2,025	5	MO S/L	2,025	0
21	5 CUTTER MODEL 3020UL	11/29/02	3,250				3,250	5	MO S/L	3,250	0
23	2003 FORD EXPEDITION	5/31/03	31,624				31,624	5	MO S/L	31,624	0
24	2003 EXPEDITION CONVERSION COST	10/26/03	15,918				15,918	5	MO S/L	15,918	0
25	STAIR PRO MODEL 3	12/15/03	1,795				1,795	5	MO S/L	1,795	0
26	DEFIBRILATORS LP 500'S	7/03/03	5,043				5,043	5	MO S/L	5,043	0
27	DEFIBRILATORS LP 500'S	12/31/03	4,169				4,169	5	MO S/L	4,169	0
28	KIT UPGRADES	12/31/03	1,400				1,400	5	MO S/L	1,400	0
29	DELL LASER JET	2/17/03	1,768				1,768	5	MO S/L	1,768	0
30	TRAILER AND CONVERTER BOX	11/27/03	3,655				3,655	5	MO S/L	3,655	0
31	CARABINER	12/07/03	1,448				1,448	5	MO S/L	1,448	0
32	EXTREME DRY SUIT	12/07/03	349				349	5	MO S/L	349	0
33	LSP EXTRICATION LIFT	12/15/03	853				853	5	MO S/L	853	0
34	PARATECH HINGED BASE	12/15/03	1,315				1,315	5	MO S/L	1,315	0
35	CARBURETOR MINI CUTTER AND TOC	12/15/03	21,570				21,570	5	MO S/L	21,570	0
36	TITANIUM STRETCHER	12/17/03	1,195				1,195	5	MO S/L	1,195	0
37	THERMAL JUMPSUITS	12/22/03	712				712	5	MO S/L	712	0
38	FLOATATION KIT	12/29/03	341				341	5	MO S/L	341	0
39	DALMATION SCBA CARBON FIBER C	12/31/03	1,812				1,812	5	MO S/L	1,812	0
40	1250 HEAVY DUTY VEHICLE CHARGE	10/26/03	3,787				3,787	5	MO S/L	3,787	0
41	PAGERS AND CHARGERS	12/22/03	3,220				3,220	5	MO S/L	3,220	0
42	BASE STATION	12/31/03	2,000				2,000	5	MO S/L	2,000	0
43	MOBILE RADIOS, REPEATERS, M88 PC	12/31/03	2,919				2,919	5	MO S/L	2,919	0
44	MOBILE RADIOS AND CHARGERS	10/26/03	1,703				1,703	5	MO S/L	1,703	0
45	STAIR CHAIRS	12/23/04	5,385				5,385	5	MO S/L	5,385	0
47	HOLMATO TOOLS	8/31/04	17,794				17,794	5	MO S/L	17,794	0
48	MOTOROLA RADIOS	10/24/04	2,307				2,307	5	MO S/L	2,307	0
49	INTERCO HEADSETS	6/20/04	3,287				3,287	5	MO S/L	3,287	0
50	RADIOS/PAGERS/CHARGES	7/10/04	5,501				5,501	5	MO S/L	5,501	0
51	FURNITURE-DAY ROOM	11/08/04	9,848				9,848	5	MO S/L	9,848	0
52	FURNITURE-MEETING ROOM	12/06/04	4,618				4,618	5	MO S/L	4,618	0
53	TV AND SOUND SYSTEM	11/04/04	4,845				4,845	5	MO S/L	4,845	0
54	FURNITURE-OFFICE	9/18/04	27,647				27,647	5	MO S/L	27,647	0
55	KITCHEN APPLIANCES	11/25/04	3,651				3,651	5	MO S/L	3,651	0
56	ICE MACHINE	12/23/04	3,056				3,056	5	MO S/L	3,056	0
58	BUILDING	9/15/04	2,280,701				2,280,701	31	MO S/L	965,373	72,403
59	FURNITURE	4/17/05	2,224				2,224	5	MO S/L	2,224	0
60	WINDOW TREATMENTS	1/30/05	2,149				2,149	5	MO S/L	2,149	0
61	PRO CARE MONITOR	9/18/05	3,030				3,030	5	MO S/L	3,030	0
62	AUTOPULSE PLATFORM SYSTEM	9/18/05	14,795				14,795	5	MO S/L	14,795	0
63	IMPACT ASPIRATOR	9/23/05	970				970	5	MO S/L	970	0
64	PORTABLE CUTTING SYSTEM	11/27/05	1,788				1,788	5	MO S/L	1,788	0
65	100 FT HOSE AIRLINE	12/26/05	2,418				2,418	5	MO S/L	2,418	0
66	WATER RESCUE EQUIPMENT	12/26/05	5,093				5,093	5	MO S/L	5,093	0
67	RESCUE TRUCK - UPGRADES	2/06/05	2,985				2,985	3	MO S/L	2,985	0
68	LOCKERS FOR BUILDING	10/31/05	3,331				3,331	5	MO S/L	3,331	0
69	8 PAGERS	9/30/05	3,624				3,624	3	MO S/L	3,624	0
70	12 MINI PAGERS	11/13/05	5,436				5,436	3	MO S/L	5,436	0
71	PAGERS AND CHARGERS	12/10/05	2,265				2,265	3	MO S/L	2,265	0
72	SIGN	5/14/05	4,261				4,261	5	MO S/L	4,261	0
73	4 Radios	12/15/05	2,013				2,013	3	MO S/L	2,013	0
74	4 SKA Packs	12/15/05	4,664				4,664	3	MO S/L	4,664	0
141	heavy rescue unit	5/17/18	881,903				881,903	10	MO S/L	0	51,444

1726 Clinton First Aid & Rescue Squad,

23-7000760

FYE: 12/31/2018

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
142	Equipment (cap lease)	12/31/17	160,000		160,000	5 MO S/L	0	32,000
143	stretchers and mounting systems	2/14/18	123,826		123,826	5 MO S/L	0	22,701
144	1995 am M3543 Military truck	9/14/18	8,000		8,000	10 MO S/L	0	267
Total Other Depreciation			<u>4,270,212</u>		<u>4,270,212</u>		<u>1,781,155</u>	<u>178,815</u>
Total ACRS and Other Depreciation			<u>4,270,212</u>		<u>4,270,212</u>		<u>1,781,155</u>	<u>178,815</u>
Grand Totals			5,786,234		5,230,744		2,782,899	279,484
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>5,786,234</u>		<u>5,230,744</u>		<u>2,782,899</u>	<u>279,484</u>

Client Copy

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
91	Loading System	1/04/08	1,325		0	0	663	662
92	4 Radio Pagers	11/12/08	1,718		0	0	859	859
93	Samsung TV	12/12/08	2,100		0	0	1,050	1,050
94	Water Softner/Heater	1/22/08	6,700		0	0	3,350	3,350
95	DELL COMPUTER	10/05/09	1,301		0	0	651	650
96	DELL SERVER	11/28/09	2,616		0	0	1,308	1,308
97	RADIOS	3/31/09	3,046		0	0	1,523	1,523
98	SAW K-12	12/29/09	1,270		0	0	635	635
99	RESCUE BOAT	9/29/09	24,130		0	0	12,065	12,065
100	2009 FORD E-450 MEDALLION AMBULA	6/01/09	148,761		0	0	74,381	74,380
101	rADIOS	6/09/09	2,112		0	0	1,056	1,056
102	VITALISM - CONTROLL UNIT	12/08/09	2,075		0	0	1,038	1,037
103	Replacement Chassis	9/22/10	94,185		0	0	94,185	0
104	Laerdal ALS Simulator	2/10/10	9,595		0	0	4,798	4,797
105	6 2 way radios	3/02/10	2,754		0	0	1,377	1,377
106	5 ALERT PAGERS	7/27/10	2,060		0	0	1,030	1,030
107	5 PAGERS	9/27/10	2,585		0	0	2,585	0
108	4 TURN OUT GEAR	9/27/10	5,743		0	0	5,743	0
109	RESCUE CUTTER TOOLS	12/31/10	16,765		0	0	16,765	0
110	New Carpet	12/16/11	19,580		0	0	15,983	3,597
111	Mobile Computer for Truck	9/29/11	2,160		0	0	2,160	0
112	New Furnace	1/14/11	1,474		0	0	1,205	269
113	Ice suits	2/14/11	2,550		0	0	2,550	0
114	Rescue equipment	12/23/11	4,631		0	0	4,631	0
115	rescue Sled	3/29/11	2,282		0	0	2,282	0
116	Truck	6/14/11	58,147		0	0	58,147	0
117	PAGER	1/06/12	2,585		0	0	1,293	1,292
118	NEW FURNACE	2/01/12	3,600		0	0	1,800	1,800
119	REHAB TRUCK-DONATION	9/01/12	73,604		0	0	36,802	36,802
120	NEW AMBULANCE TRUCK	3/18/13	154,380		0	0	77,190	77,190
121	NEW SERVER	1/03/13	2,038		0	0	1,019	1,019
122	TRAILER	9/26/14	2,200		0	0	1,100	1,100
123	TRUCK ASAP-DONATION	6/10/14	60,221		0	0	30,111	30,110
124	equPMENT	9/09/14	4,886		0	0	2,443	2,443
125	RESCUE EQUIPMENT	5/07/14	5,172		0	0	2,586	2,586
126	Leasehold Improvements	9/27/15	12,835		0	0	3,995	8,840
127	Cameras cap lease	11/04/15	28,703		0	0	8,054	20,649
128	Lucas CPR- cap lease	2/20/15	11,368		0	0	4,234	7,134
129	Leasehold Improvements	10/06/16	72,044		0	0	5,363	66,681
130	Floor Sweeper	10/31/16	5,940		0	0	1,307	4,633
131	Tahoe Truck	8/19/16	79,447		0	0	20,657	58,790
132	2017 Ford E-450 Ambulance	12/06/16	206,892		0	0	45,516	161,376
Grand Total			<u>1,147,580</u>		<u>0</u>	<u>0</u>	<u>555,490</u>	<u>592,090</u>

1726 Clinton First Aid & Rescue Squad,

23-7000760

FYE: 12/31/2018

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	133	Rescue Equipment	5,753	5,033	720
Page 1	1	134	Coats & Pants	2,528	1,581	947
Page 1	1	135	Harness and Grip	1,264	158	1,106
Page 1	1	136	Struts	1,110	971	139
Page 1	1	138	1997 Rescue 455	9,715	1,214	8,501
Page 1	1	139	Lucas CPR cap lease	1,963	1,717	246
				<u>22,333</u>	<u>10,674</u>	<u>11,659</u>

Client Copy

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
75	Rescue Jumpsuits	4/17/06	3,497	0	0
76	31 Rescue coats	8/06/06	11,193	0	0
77	Rescue Jackets	11/26/06	12,018	0	0
78	GPS Radios	4/17/06	1,166	0	0
79	RADIOS	1/15/06	1,027	0	0
80	2006 FORD RESCUE TRUCK	9/25/06	156,812	0	0
81	Rescue jackets	1/04/07	3,005	0	0
82	extricating gear	3/27/07	1,015	0	0
83	helMETS	7/17/07	1,400	0	0
84	boots	8/12/07	1,058	0	0
85	water team gear	12/27/07	1,061	0	0
86	Honda gas pump, cutter & spreader	5/18/07	19,938	0	0
87	3 dell computers	6/30/07	4,396	0	0
88	3 Cots	5/05/07	10,425	0	0
89	Radios/PAGERS/CHARGES	6/30/07	5,414	0	0
91	Loading System	1/04/08	1,325	0	0
92	4 Radio Pagers	11/12/08	1,718	0	0
93	Samsung TV	12/12/08	2,100	0	0
94	Water Softner/Heater	1/22/08	6,700	0	0
95	DELL COMPUTER	10/05/09	1,301	0	0
96	DELL SERVER	11/28/09	2,616	0	0
97	RadIOS	3/31/09	3,046	0	0
98	SAW K-12	12/29/09	1,270	0	0
99	RESCUE BOAT	9/29/09	24,130	0	0
100	2009 FORD E-450 MEDALLION AMBULANE	6/01/09	148,761	0	0
101	rADIOS	6/09/09	2,112	0	0
102	VITALISM - CONTROLL UNIT	12/08/09	2,075	0	0
103	Replacement Chassis	9/22/10	94,185	0	0
104	Laerdal ALS Simulator	2/10/10	9,595	0	0
105	6 2 way radios	3/02/10	2,754	0	0
106	5 ALERT PAGERS	7/27/10	2,060	0	0
107	5 PAGERS	9/27/10	2,585	0	0
108	4 TURN OUT GEAR	9/27/10	5,743	0	0
109	RESCUE CUTTER TOOLS	12/31/10	16,765	0	0
110	New Carpet	12/16/11	19,580	0	0
111	Mobile Computer for Truck	9/29/11	2,160	0	0
112	New Furnace	1/14/11	1,474	0	0
113	Ice suits	2/14/11	2,550	0	0
114	Rescue equipment	12/23/11	4,631	0	0
115	rescue Sled	3/29/11	2,282	0	0
116	Truck	6/14/11	58,147	0	0
117	PAGER	1/06/12	2,585	0	0
118	NEW FURNACE	2/01/12	3,600	257	0
119	REHAB TRUCK-DONATION	9/01/12	73,604	0	0
120	NEW AMBULANCE TRUCK	3/18/13	154,380	0	0
121	NEW SERVER	1/03/13	2,038	0	0
122	TRAILER	9/26/14	2,200	220	0
123	TRUCK ASAP-DONATION	6/10/14	60,221	6,022	0
124	equIPMENT	9/09/14	4,886	489	0
125	RESCUE EQUIPMENT	5/07/14	5,172	517	0
126	Leasehold Improvements	9/27/15	12,835	1,083	0
127	Cameras cap lease	11/04/15	28,703	2,529	0
128	Lucas CPR- cap lease	2/20/15	11,368	874	0
129	Leasehold Improvements	10/06/16	72,044	4,149	0
130	Floor Sweeper	10/31/16	5,940	741	0
131	Tahoe Truck	8/19/16	79,447	9,406	0
132	2017 Ford E-450 Ambulance	12/06/16	206,892	25,820	0
133	Rescue Equipment	3/24/17	28,762	5,752	5,753
134	Coats & Pants	6/26/17	12,644	2,529	2,528
135	Harness and Grip	10/01/17	6,322	1,265	1,264
136	Struts	3/24/17	5,550	1,110	1,110
138	1997 Rescue 455	11/08/17	68,000	9,714	9,715
139	Lucas CPR cap lease	2/17/17	13,739	1,963	1,963

Asset	Description	Date In Service	Cost	Tax	AMT
			1,516,022	74,440	22,333

Other Depreciation:

1	TRAILER	12/03/97	4,103	0	0
2	BOSTON WHALER	11/07/97	5,300	0	0
3	SOFTWARE	8/04/98	2,375	0	0
4	CAMERA ID PHOTO KIT	12/14/98	1,146	0	0
5	SCUBA AIR PACKS	3/01/98	1,538	0	0
6	EQUIPMENT	3/10/98	3,933	0	0
7	OUTLETS & WIRING	10/03/98	1,522	0	0
8	MOBILE FILL	12/03/98	9,387	0	0
9	FIRE EQUIPMENT	12/03/98	6,036	0	0
10	EQUIPMENT - FULLY DEPRECIATED	1/01/94	154,648	0	0
11	COMMAND CENTER	7/11/94	873	0	0
12	FORD EXCURSION	11/18/99	55,000	0	0
13	VEHICLES - FULLY DEPRECIATED	1/01/94	267,332	0	0
14	(3) LP 500'S LIFE PAK DEFIBRILLATORS	3/31/01	4,893	0	0
15	(2) LIFE PAK 500 DEFIBRILLATORS	12/31/01	5,000	0	0
16	AIR CONDITIONER	6/30/01	4,249	0	0
17	(4) MINITOR PAGERS	5/21/01	8,604	0	0
18	MINI-TELESCOPIC RAMS	12/01/01	11,938	0	0
19	LP 500 EN LIFEPAK	11/29/02	5,049	0	0
20	MOTOROLA HT 1250'S (3)	4/17/02	2,025	0	0
21	5 CUTTER MODEL 3020UL	11/29/02	3,250	0	0
23	2003 FORD EXPEDITION	5/31/03	31,624	0	0
24	2003 EXPEDITION CONVERSION COSTS	10/26/03	15,918	0	0
25	STAIR PRO MODEL 3	12/15/03	1,795	0	0
26	DEFIBRILATORS LP 500'S	7/03/03	5,043	0	0
27	DEFIBRILATORS LP 500'S	12/31/03	4,169	0	0
28	KIT UPGRADES	12/31/03	1,400	0	0
29	DELL LASER JET	2/17/03	1,768	0	0
30	TRAILER AND CONVERTER BOX	11/27/03	3,655	0	0
31	CARABINER	12/07/03	1,448	0	0
32	EXTREME DRY SUIT	12/07/03	349	0	0
33	LSP EXTRICATION LIFT	12/15/03	853	0	0
34	PARATECH HINGED BASE	12/15/03	1,315	0	0
35	CARBURETOR MINI CUTTER AND TOOLS	12/15/03	21,570	0	0
36	TITANIUM STRETCHER	12/17/03	1,195	0	0
37	THERMAL JUMPSUITS	12/22/03	712	0	0
38	FLOATATION KIT	12/29/03	341	0	0
39	DALMATION SCBA CARBON FIBER CYLIN	12/31/03	1,812	0	0
40	1250 HEAVY DUTY VEHICLE CHARGER	10/26/03	3,787	0	0
41	PAGERS AND CHARGERS	12/22/03	3,220	0	0
42	BASE STATION	12/31/03	2,000	0	0
43	MOBILE RADIOS, REPEATERS, M88 PORTA	12/31/03	2,919	0	0
44	MOBILE RADIOS AND CHARGERS	10/26/03	1,703	0	0
45	STAIR CHAIRS	12/23/04	5,385	0	0
47	HOLMATO TOOLS	8/31/04	17,794	0	0
48	MOTOROLA RADIOS	10/24/04	2,307	0	0
49	INTERCO HEADSETS	6/20/04	3,287	0	0
50	RADIOS/PAGERS/CHARGES	7/10/04	5,501	0	0
51	FURNITURE-DAY ROOM	11/08/04	9,848	0	0
52	FURNITURE-MEETING ROOM	12/06/04	4,618	0	0
53	TV AND SOUND SYSTEM	11/04/04	4,845	0	0
54	FURNITURE-OFFICE	9/18/04	27,647	0	0
55	KITCHEN APPLIANCES	11/25/04	3,651	0	0
56	ICE MACHINE	12/23/04	3,056	0	0
58	BUILDING	9/15/04	2,280,701	72,404	0
59	FURNITURE	4/17/05	2,224	0	0
60	WINDOW TREATMENTS	1/30/05	2,149	0	0
61	PRO CARE MONITOR	9/18/05	3,030	0	0
62	AUTOPULSE PLATFORM SYSTEM	9/18/05	14,795	0	0
63	IMPACT ASPIRATOR	9/23/05	970	0	0
64	PORTABLE CUTTING SYSTEM	11/27/05	1,788	0	0
65	100 FT HOSE AIRLINE	12/26/05	2,418	0	0
66	WATER RESCUE EQUIPMENT	12/26/05	5,093	0	0
67	RESCUE TRUCK - UPGRADES	2/06/05	2,985	0	0
68	LOCKERS FOR BUILDING	10/31/05	3,331	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
69	8 PAGERS	9/30/05	3,624	0	0
70	12 MINI PAGERS	11/13/05	5,436	0	0
71	PAGERS AND CHARGERS	12/10/05	2,265	0	0
72	SIGN	5/14/05	4,261	0	0
73	4 Radios	12/15/05	2,013	0	0
74	4 SKA Packs	12/15/05	4,664	0	0
141	heavy rescue unit	5/17/18	881,903	88,191	0
142	Equipment (cap lease)	12/31/17	160,000	32,000	0
143	stretchers and mounting systems	2/14/18	123,826	24,766	0
144	1995 am M3543 Military truck	9/14/18	8,000	800	0
	Total Other Depreciation		<u>4,270,212</u>	<u>218,161</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>4,270,212</u>	<u>218,161</u>	<u>0</u>
	Grand Totals		<u>5,786,234</u>	<u>292,601</u>	<u>22,333</u>

Client Copy

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**CLINTON FIRST AID & RESCUE SQUAD,
INC.**
23-7000760

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1. 153,682	99,427	-54,255
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 161,829	384,561	222,732
	4. Program service revenue	4. 1,334,761	1,657,464	322,703
	5. Investment income	5. 141	68	-73
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 267,000		-267,000
	8. Net income or (loss) from fundraising events	8. 54,658	-10,204	-64,862
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.	22,944	22,944
	12. Total revenue. Add lines 1 through 11	12. 1,972,071	2,154,260	182,189
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 153,878	149,467	-4,411
	16. Salaries, other compensation, and employee benefits	16. 451,219	661,773	210,554
	17. Professional fundraising fees	17. 10,336		-10,336
	18. Other professional fees	18. 28,733	89,493	60,760
	19. Occupancy, rent, utilities, and maintenance	19. 25,379	72,262	46,883
	20. Depreciation and Depletion	20. 181,658	279,484	97,826
	21. Other expenses	21. 971,273	901,539	-69,734
	22. Total expenses. Add lines 13 through 21	22. 1,822,476	2,154,018	331,542
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 149,595	242	-149,353
Other Information	24. Total exempt revenue	24. 1,972,071	2,154,260	182,189
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,656,560	1,670,272	13,712
	27. Total assets	27. 2,869,410	3,481,895	612,485
	28. Total liabilities	28. 820,938	1,433,181	612,243
	29. Retained earnings	29. 2,048,472	2,048,714	242
	30. Number of voting members of governing body	30. 13	13	
	31. Number of independent voting members of governing body	31. 11	9	
	32. Number of employees	32. 57	67	
33. Number of volunteers	33. 80	94		

Form 990	Tax Return History	2018
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Name CLINTON FIRST AID & RESCUE SQUAD, INC.	Employer Identification Number 23-7000760
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants				315,511	483,988	483,988
Membership dues						
Program service revenue				1,334,761	1,657,464	1,657,464
Capital gain or loss				267,000		
Investment income				141	68	68
Fundraising revenue (income/loss)				54,658	-10,204	-10,204
Gaming revenue (income/loss)						
Other revenue					22,944	22,944
Total revenue				1,972,071	2,154,260	2,154,260
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				153,878	149,467	149,467
Other compensation				451,219	661,773	661,773
Professional fees				39,069	89,493	89,493
Occupancy costs				25,379	72,262	72,262
Depreciation and depletion				181,658	279,484	279,484
Other expenses				971,273	901,539	901,539
Total expenses				1,822,476	2,154,018	2,154,018
Excess or (Deficit)				149,595	242	242
Total exempt revenue				1,972,071	2,154,260	2,154,260
Total unrelated revenue						
Total excludable revenue				1,656,560	1,670,272	1,670,272
Total Assets				2,869,410	3,481,895	3,481,895
Total Liabilities				820,938	1,433,181	1,433,181
Net Fund Balances				2,048,472	2,048,714	2,048,714

Filing Instructions

Pattensburg Volunteer Fire Company

NJ DCA Charities Portal Online Input Report

CRI-300R

Taxable Year Ended December 31, 2018

Due Date: June 30, 2019

Remittance: Any amount owed will be determined by the State of New Jersey at time the return is submitted in the Portal. BKC, CPAS will pay amount and bill you.

Signatures: The enclosed certification must be signed and dated by two officers and returned to our office before we can file return in the New Jersey charities portal.

Other: The attached is the information we are entering into the New Jersey charities portal.



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section

124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101 (973) 504-6215

Form CRI-300R

Long-Form Renewal Registration/Verification Statement

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as “the C.R.I. Act” (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement is an Initial or Renewal Registration: **Renewal**
- 1b. This statement contains the facts and financial information for the fiscal year ending: **12/31/2018**
2. Federal ID Number: **237000760** 2a. N.J. Charities Registration Number: **CH0559800**
3. Full legal name of the registering organization: **CLINTON FIRST AID & RESCUE SQUAD INC.**
In care of: **TREASURER**
4. Mailing Address: **PO BOX 5265, CLINTON, NJ 08809**
5. Physical Address: **Sharon Burham 48 Old Highway 22**
48 Old Highway 22
CLINTON, NJ 08809

Same as Mailing Address: No

6. If the street address listed above is not where the organization’s official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization’s records, and to whom correspondence should be addressed.

Address: **48 Old Highway 22, Clinton NJ 08809**

7. Organization’s contact information:

Telephone: **(908) 735-4012**

Fax:

Email: **sburham@clintonems.org**

Website: **http://WWW.CLINTONEMS.ORG**

IRS501C: **501 (c) (3)**

Tax Status: **Exempt**

IRS Ruling Year:

Date of Entity Formation: **08/01/1968**

NTEE Code: **E62 - Ambulance, Emergency Medical Transport Services**

Charity type:

Rescue

State Entity: **NJ**

Type of Entity: **Nonprofit corporation**

D.B.A.:

OLD D.B.A.:

Charity Formerly Known As:

Old Corporate Name:

8. a) Were all of the organization's functions, including fund-raising, conducted by volunteers, members, officers or persons who are not compensated for soliciting contributions? **No**
- b) Is the organization a fraternal, patriotic, social or alumni organization, historical society or similar organization organized under the provisions of Title 15 of the New Jersey Revised Statutes or Title 15A of the New Jersey Statutes, and solicitation of contributions is confined to the organization's membership and performed by members of the organization? **No**
- c) Does the organization solicit on behalf of a specified individual, and are all contributions, without any deductions whatsoever, turned over to this beneficiary? **No**
- d) Is the organization a local post, camp, chapter or similarly designated element or county unit, of a bona fide veterans' organization which issues charters to the local elements throughout New Jersey or to any veterans' organization chartered under federal law or a service foundation of such an organization recognized in the organization's by-laws? **No**
- e) Is the organization a private foundation that raised less than \$25,000 in public contributions?
No

9. Is the organization a chapter or local unit of a parent organization? **No**

Parent Charity Name

NJ Charity # of the Parent Organization

10. If not tax exempt, has the organization made application to the IRS? **No**
11. Has the organization's IRS tax-exempt status been revoked, changed or refused by the IRS during the fiscal year end being reported? **No**

12. Was the organization's legal name changed, or were any alternate names added or deleted during the fiscal year end being reported? **No**

13. Have there been changes in the organization's name, address, Internal Revenue Service (I.R.S.) status, etc. since the date of your last reporting? **No**

14. What is the charitable purpose or purposes for which the organization was formed: **to provide medical care and transportation to the Town of Clinton, Clinton Township and neighboring communities.**

14a. Does the organization solicit or intend to solicit contributions from the general public in the State of New Jersey (including through the sale of merchandise)? **Yes**

If "Yes," explain the purpose for which solicited funds are being raised: **to provide medical care and transportation to the Town of Clinton, Clinton Township and neighboring communities.**

14b. Does the organization solicit funds under any other name(s)? **No**

If "Yes," please attach to this registration a list of all other names used.

15. Does the organization have any offices in New Jersey in addition to the ones listed above?
No

16. Has the organization used a commercial co-venture? **No**

16a. Please describe the purpose for which the funds are being raised.

16b. Please enter the names of all PFR's and Commercial co-ventures.

PFR OR Conventure	Business Name

17. Does the organization register or solicit in other states? **No**
States:

State

18. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?
No

Charity Affiliates

19. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?
No

19a. Please Describe the Situation

20. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?
No

21. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? **No**

22. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. **No**

23. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? **No**

24. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. **No**

Enter the name, title, street address, telephone number and salary of each officer, director and trustee.

Name	Business Address	Telephone Number	Title	Salary
Buchanan, jHoward	P.O. Box 5265	(908) 735-4012	Deputy Chief	\$88,019.00
Gardner, Michelle	PO BOX 5265	(908) 735-4012	Field Training officer	\$61,448.00
Burham, Shaorn	PO BOX 5265	(908) 735-4012	President	\$0.00
Stiff, Emily	PO BOX 5265	(908) 735-4012	Vice president	\$0.00
Setnicky, Alexis	PO BOX 5265	9087354012	Treasurer	\$0.00
Setnicky, Frank	PO BOX 5265	9087354012	Secretary	\$0.00
Stiff, Matthew	PO BOX 5265	9087354012	Chief	\$462.00
Miller, Chris	PO BOX 5265	9087354012	Deputy Chief	\$0.00
Olivio, Joseph	PO BOX 5265	9087354012	EMT LT	\$0.00
Querry, Chris	PO BOX 5265	9087354012	Rescue Captain	\$0.00
Lapczynski, Mike	PO BOX 5265	9087354012	rescue lieutenant	\$0.00

Holtz, Evan	PO BOX 5265	9087354012	EMS Lieutenant	\$44,076.00
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25. Do you have any compensated employees? **Yes**

Five most-highly compensated employees in the organization

Name	Title	Street Address	Telephone	Salary
Buchanan, Howard	Deputy Chief			\$88,019.00
Gardner, Michelle	Field Training officer			\$61,448.00
Ambrose, Allison	administrative assistant			\$47,862.00
Holtz, Evan	operations LT			\$44,076.00
Giuliani, Shannon	Logistics Coordinator			\$39,306.00

26. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a) Each other? **Yes**
- b) Any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? **No**
- c) Any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? **No**

27. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? **No**

CRI-300R Long-Form Registration Renewal Financial Statement

A. Revenue

Line A1. Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:

A1a. Gross Direct Public Support **\$40,269.00**

A1b. Gross Indirect Public Support (including donations from other charities).. **\$0.00**

A1c. Gross Fund Raising and Gaming Income **\$59,158.00**

A1d. Gross Contributions **\$99,427.00**

Line A2 Government Grants **\$384,561.00**

A3a. Program service revenue **\$1,657,464.00**

A3b. Other Support **\$23,012.00**

Line A4. Total Gross Revenue **\$2,164,464.00**

B. Expenses

Line B1. Program Expenses..... **\$2,109,724.00**

Line B2. Management Expenses **\$44,294.00**

Line B3. Fund-raising Expenses **\$10,204.00**

Line B4. Affiliate Expenses **\$0.00**

Line B5. Total Expenses (add lines B1, B2, B3 and B4) **\$2,164,222.00**

C. Net Assets

Line C1. Net Assets **\$2,048,714.00**

Did you use a Professional Fund Raiser? **Yes**

Have Bylaws changed since last registration? **No**

Has IRS filing status changed since last reg? **No**

Has Charity Have Articles of inc. changed since last reg? **No**

Has Charity changed their name since last reg? **No**

Clinton First Aid & Rescue Squad, Inc.

Paid fundraisers

Choice Marketing Inc. P.O. Box 4040, Elwyn, PA 19063 Phone Number – 610-494-1270 Fax Number – 610-494-8074

relationships

Frank Setnicky (Chief), Husband/Father, Kim Setnicky (Vice-President) Wife/Mother, Alexis Setnicky (Secretary) Daughter

Emily Stiff (Treasurer) Wife and Matthew Stiff (Member) Husband

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name _____ Title _____ Date _____

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name _____ Title _____ Date _____
